- :::						Ī				
	in this information to identify your stor 1 Stacy M									
	otor 2 ouse, if filling)				_					
		or the: EASTERN DISTRIC	T OF PENNSYLVANI	A						
Cas	se number 17-17560				Check if th	is is:				
(If kr	nown)					■ An amended filing				
							lement sho ome as of th		tpetition chap	oter
0	fficial Form 106l					MM / [D/ YYYY			
S	chedule I: Your I	Income								12/15
sup spo atta	plying correct information. I use. If you are separated an	s possible. If two married per f you are married and not fil d your spouse is not filing w orm. On the top of any addit	ing jointly, and your vith you, do not inclu	spouse i ude infori	s liv natio	ing with you, on about you	include in spouse. I	formation f more sp	n about your pace is need	r led,
1.	Fill in your employment information.		Debtor 1	Deb	Debtor 2 or non-filling spouse					
	If you have more than one jo		■ Employed				☐ Employed			
	attach a separate page with information about additiona		☐ Not employed	□ n	☐ Not employed					
	employers.	Occupation	Nanny							
	Include part-time, seasonal, self-employed work.									
	Occupation may include stude or homemaker, if it applies.	dent Employer's address	Princeton, NJ							
		How long employed	there?							
Par	t 2: Give Details Abou	t Monthly Income								
	mate monthly income as of use unless you are separated.	the date you file this form. If	you have nothing to	report for	any l	line, write \$0 ii	the space	. Include y	our non-filin	g
	u or your non-filing spouse ha e space, attach a separate she	ve more than one employer, cet to this form.	combine the information	on for all e	emplo	oyers for that p	erson on th	ne lines be	∍low. If you n	eed
						For Debtor 1		Debtor 2 i-filing sp		
2.		ist monthly gross wages, salary, and commissions (before eductions). If not paid monthly, calculate what the monthly wa				3,575	00 \$_		N/A	
3.	Estimate and list monthly	overtime pay.		3.	+\$	0	00 +\$		N/A	

4. Calculate gross Income. Add line 2 + line 3.

3,575.00

Debtor 1		Stacy M. Grisolia		C	Case number (if known)		17-17560			
			-							
					For Debtor 1		r Debtor 2 or n-filing spouse			
	Сор	y line 4 here	4.		\$ 3,575.00	\$	N/A			
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 843.00	\$	N/A			
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$	N/A			
	5c.	Voluntary contributions for retirement plans	5c.		\$0.00	\$_	N/A			
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	\$_	N/A			
	5e.	Insurance	5e.		\$ 0.00	\$_	N/A			
	5f. 5g.	Domestic support obligations Union dues	5f. 5g.		\$ 0.00 \$ 0.00	\$_ \$	N/A N/A			
	5g. 5h.	Other deductions. Specify:	5y. 5h.		\$ 0.00	: -	N/A			
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 843.00	\$	N/A			
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ 2,732.00	\$_	N/A			
8.	8b. 8c. 8d. 8e.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security	8a. 8b. 8c. 8d. 8e.		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$_ \$_ \$_ \$_	N/A N/A N/A N/A N/A			
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$ 0.00	\$	N/A			
	8g.	Pension or retirement income	8g.		\$ 0.00	\$	N/A			
		Anticipated pro-rated tax refund			• 225.00	•	NI/A			
	8h.	Other monthly income. Specify: based on prior return	_ 8h.	.+	\$ 335.00		N/A			
		P.T. income (Lyft Driver)	_		\$ 250.00	\$_	N/A	_		
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	585.00	\$_	N/A			
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,317.00 + \$		N/A = \$	3,317.00		
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	3,317.00 + \$			3,317.00		
11.	11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00									
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies					12. \$Combin	3,317.00 ed		
13.	Do y	you expect an increase or decrease within the year after you file this form	?							
		No. Yes. Explain:								
		i alan andrianini								